July 24, 2005

Reference: Docket No. 2005D-0169

Division of Dockets Management (HFA-305)
Food and Drug Administration
5630 Fishers Lane, Rm. 1061
Rockville, MD 20852

Dear Sir/Madam:

Wolters Kluwer Health submits the following comments on the Food and Drug Administration's (FDA) *Draft Guidance on Useful Written Consumer Medication Information (CMI)* (Federal Register: May 26, 2005, Volume 70, Number 101; Page 30467-30469).

Wolters Kluwer Health is pleased that the FDA has provided feedback to stakeholders on what, in the agency's view, is considered to be "useful" CMI with regards to meeting the 2006 goals of the *Action Plan for the Provision of Useful Consumer Medicine Information* (Action Plan) per P.L. 104-180.

We have some concerns with regard to the Draft Guidance and the potential impact on achieving 2006 goals nationally. The most significant concern is the late timing of the Draft Guidance release with regards to the 10-year time frame delineated in the Action Plan, especially with the 2007 assessment a little more than a year away. For many stakeholders, achieving the Action Plan goals within a 12-month time period will either be impossible or will likely create undue hardship on their businesses. For example, last month Wolters Kluwer Health released the first content set of a new CMI product intended to be Action Plan compliant based on our interpretation of the criteria, components, and content identified in the Action Plan. Additionally, in the absence of FDA guidance to date, we used the *Guide for Determining the Usefulness of Consumer Medicine Information* (submitted to the FDA by the National Council on Patient Information and Education [NCPIE] Criteria Committee on September 17, 2004 in an effort to operationalize the Action Plan) to further clarify the requirements for this new product. To put this into perspective, the release of this new product was a culmination of almost 2 years of work by information technology and editorial staff. It will take a *minimum* of another 6-12 months for our integrated pharmacy customers to implement this product if no changes to our requirement assumptions are made based on the FDA's impending final guidance or the 2007 assessment.

Thus, the remaining time for publishers to create thousands of Action Plan compliant CMI monographs plus the time required for integrated pharmacy system vendors and pharmacies to then implement such CMIs will very likely be insufficient to accomplish the Action Plan goals nationally by the 2007 assessment. In this regard, Wolters Kluwer Health suggests the Agency continues to partner with stakeholders and uses the 2007 CMI assessment results to determine mid-course progress toward meeting the Healthy

People 2010 Objective 17-4 (see below). Assuming significant progress is demonstrated by the private sector in meeting the 2006 goals of the Action Plan pursuant to the FDA's 2007 assessment, a final assessment of CMI would be conducted in 2010 coinciding with the final assessment in meeting the goals of Healthy People 2010 Medical Product Safety Objective 17-4.

> 17-4. Increase the proportion of patients receiving information that meets guidelines for usefulness when their new prescriptions are dispensed ("guidelines" here refers to the Action Plan).

We believe an ongoing partnership with the FDA is critical in accomplishing the 2006 as well as the 2010 goals and we would find it very useful if the FDA would provide feedback of publishers' CMI monographs *prior to* upcoming assessments to ensure we are compliant with FDA recommendations, and also if the FDA would publish the specific research design in advance of the assessments to allow stakeholders an opportunity to comment.

Of additional concern with the Draft Guidance, is the inclusion of some unique recommendations and/or interpretations of recommendations by the FDA which were neither in the Action Plan nor consistent with the *Guide for Determining the Usefulness of Consumer Medicine Information* and for which we respectfully request clarification. For example:

- Criterion 3: Specific Directions About How to Use…, bullet 1: "The CMI should be considered a stand-alone document in meeting this criterion." As a NCPIE participant, Wolters Kluwer Health recognizes and appreciates the Agency responding to this specific Action Plan clarification requested by NCPIE regarding the role of the information provided on the dispensed medicine vial in CMI assessment. However, clarification is requested to confirm that this criterion still refers to "usual dosing instructions" as defined by the Action Plan, component H and as further clarified in component H, number 3 by "special instructions on how to administer the medicine…" As presented in this Draft Guidance, "specific directions about how to use" presented in the context of the CMI being considered a stand-alone document may be interpreted as the need for patient-specific directions to be addressed within the CMI (which would be outside the realm of generalized CMI and would be applicable only to customized CMIs).
- Criterion 3, bullet 4: "State the route of administration." As presented in the Draft Guidance, this statement conveys that the route is to always be explicitly stated. As the Agency notes on page 8 of the Draft Guidance, some types of information are implied. While *special* administration information is most useful stated explicitly (ie, inhalers, patches, injections), clarification is requested that the Agency accept implicit routes of administration in the CMI if consistent with the package insert. For example, "Take with food or milk" is consistent with most package insert language and implies (but does not explicitly "state") that the medicine be taken by mouth.

- Criterion 3, bullet 5: "If specified in the PI, include information….whether to take it with or without food…" It is requested that the Agency clarify and acknowledge that information in PIs is not presented consistently among all companies and among all products, specifically with regards to administration with food, and that information from the medical literature used to fill in these gaps is "useful" and will not be considered "inconsistent with the PI". For example, administration with food is addressed in PIs for only about 3 of 10 different NSAIDs. However, information from the medical literature provides support for providing "food administration" recommendations for all NSAID CMIs.
- Criterion 4: "We recommend that the CMI include all…precautions…to avoid negative consequences." As written, the unique inclusion of "all" and "negative" in this criterion introduces more subjectivity and implies a more comprehensive approach than the wording used in the Action Plan (which states "…statements of precautions…encouraged in serious situations"). It is requested that clarification and/or reconsideration of the terminology "negative consequence" is provided to confirm that the Agency is indeed referring to "precautions related to serious situations" as opposed to "all precautions listed in the PI".
- Criterion 4, bullets 1 and 2: "…drug-drug interactions" and "dietary supplement interactions….if such interactions are included in the PI". As noted in bullet point 3 above, information from the medical literature often provides sound support for drug interaction risks which may not yet be incorporated, or even considered for incorporation, into the PI. However, this information when properly evaluated is useful information in helping consumers practice safe medicine use. It is requested that the Agency consider and acknowledge such information to be "useful" and not "inconsistent with the PI" for the purposes of Action Plan compliant CMI.
- Criterion 5: "…include a list of, at minimum, the symptoms of at least the 5 to 9 most frequently occurring (common) adverse reactions." By defining a minimum number of symptoms for inclusion, this criterion is uniquely proscriptive, unlike anything noted to date in the Action Plan or the *Guide for Determining the Usefulness of Consumer Medicine Information*. While the majority of drug products do indeed contain at least 5 common adverse reactions, many drug products (especially ophthalmic and dermatologic products) contain fewer than 5 or none at all. For example, the following documents approved by the FDA for either professional or patient use contain less than 5 "common" symptoms of adverse reactions: gentamicin ophthalmic ointment (PI-4), mometasone lotion (PI-4), cortisporin ophthalmic suspension (PI-3), ciclopirox cream (PI-1); Rebetol (Medication Guide [MG]-4), Lindane (MG-4), Nolvadex (MG-2), Lotronex (MG-1), Forteo (MG-0); Requip (Patient Package Insert [PPI]-4), Viagra (PPI-3). It is preferentially requested that the Agency reconsider the introduction of this uniquely proscriptive criterion and withdraw the recommendation of a minimum number of symptoms of adverse reactions. Alternatively, if the Agency sees this as an unacceptable option, then it is requested that the Agency consider rewording this criterion such that the

> “minimum…of…5” symptoms include not only “common” but also the “severe” adverse reactions.

Wolters Kluwer Health is pleased to have this opportunity to comment.

Sincerely,
Renée Rivard, PharmD
Director, Clinical Information
Wolters Kluwer Health